

Virginia Medicaid Web Portal Disclosure Instructions

General Instructions

Disclosure updates can be made by authorized personnel at any time to ensure information contained with the VA Medicaid Management Information System (MMIS) is accurate and up to date.

If the 'Disclosure Information' option is chosen on the Provider Maintenance Menu, this information will begin immediately below the Provider Profile Maintenance information. This way any updates to demographic information can be made at the same time without having to return to the Provider Maintenance menu for another selection option.

Please note that once disclosure information is submitted, it needs to go through a screening process before being applied to the MMIS.

This could take up to several days, depending on the information entered. Please be aware that if you go back in to the disclosure information shortly after submitting the updated information, it might not appear.

Ownership and Control Information for the Disclosing Entity

Within this section, please read each question and respond with the appropriate yes/no selection and make any appropriate updates, additions or deletions.

If a 'yes' response is entered and existing information currently housed within the MMIS is displayed, please verify this information and make any necessary changes. If a 'yes' response is entered and no information is currently housed in the MMIS and displayed, then information pertaining to the question will be required before submission.

To update a line, please click the '[Edit](#)' link to enable entry for the associated data line.

To remove an entry, please click the '[Delete](#)' link. This will remove the associated line in its entirety.

To add information, please click the 'Add row' button. This will open up a line and enable entry. The 'Add row' button can be used as much as needed to accommodate all information.

Please note that until the enactment of the Provider Screening Regulations, this information, though previously entered on enrollment applications and kept in your electronic file, was not captured in our system. Therefore the first time this screen is viewed, information will not exist and is required to be entered in order to be captured.

If a 'no' response is entered and existing information currently housed within the MMIS is displayed, please confirm that the information can be removed.

1. Does the provider entity have any managing employees and/or any individual(s) or organization(s) with ownership or controlling interests of 5% or more? Yes/No

For a 'yes' response, with information displaying, verify the information is correct and go to the next question. For a 'yes' response with inaccurate or no existing information, please make any updates, additions or deletions needed.

For any individual entities, please enter the following required fields:

- First Name
- Last Name
- Title
- Date of Birth
- Social Security Number
- Ownership Role
- Street Address
- City
- State
- Zip Code

For individuals who selected 'Owner' for the Ownership role, with 5% or more interest, please enter the following field:

- Percent of Ownership (Note: only whole numbers can be entered)

For organizations, please enter the following required fields:

- Organization Name
- Tax Identification Number
- Ownership Role
- Street Address
- City
- State
- Zip Code

For organizations who selected 'Owner' for the Ownership role, with 5% or more interest, please enter the following field:

- Percent of Ownership (Note: only whole numbers can be entered)

For a 'No' response, continue with the revalidation.

2. Relationships: Are any individuals named above related to each other? (spouse, parent, child or sibling)

This question will only display if two or more entries are made in the first question. If information displayed is accurate, go to the next question. If not, please make any updates, additions or deletions needed.

For any related individuals from question one, please enter the following required fields:

- First Name
- Last Name
- Relationship
- Related to Individual's First Name
- Related to Individual's Last Name

3. Subcontractor: Does any individual have ownership or controlling interest in any subcontractor that the disclosing entity has direct or indirect ownership of 5% or more? Yes/No

For a 'yes' response, with information displaying, verify the information is correct and go to the next question. For a 'yes' response with inaccurate or no existing information, please make any updates, additions or deletions needed.

For any individual that has direct or indirect ownership or controlling interest of 5% or more in any subcontractor, please enter the following required fields:

- First name
- Last name
- Title
- Date of Birth
- Social Security Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

For organizations with direct or indirect ownership or controlling interest of 5% or more in any subcontractor, please enter the following required fields:

- Organization name (Last name field)
- Tax Identification Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

4. Other Disclosing Entity: Does any other disclosing entity in which a person, with an ownership or controlling interest in the disclosing entity, have ownership or control interest of at least 5% or more? Yes/No

For a 'yes' response, with information displaying, verify the information is correct and go to the next question. For a 'yes' response with inaccurate or no existing information, please make any updates, additions or deletions needed.

For any individual that has ownership or controlling interest of 5% or more in any other disclosing entity, please enter the following required fields:

- First name
- Last name
- Title
- Date of Birth
- Social Security Number
- Street Address
- City
- State

- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

For organizations with ownership or controlling interest of 5% or more in any other disclosing entity, please enter the following required fields:

- Organization name (Last name field)
- Tax Identification Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

5. Criminal Offenses: Has any individual or organization who has any ownership or controlling interest in the applicant ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, or controlled substance violation or any other crime or misconduct? Yes/No

For a 'yes' response, with information displaying, verify the information is correct and go to the next question. For a 'yes' response with inaccurate or no existing information, please make any updates, additions or deletions needed.

For any individual that has ownership or controlling interest of 5% or more that has ever been convicted or assessed fines as indicated above, please enter the following required fields:

- First name
- Last name
- Title
- Date of Birth
- Social Security Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

For any organization that has ownership or controlling interest of 5% or more that has ever been convicted or assessed fines as indicated above, please enter the following required fields:

- Organization name (Last name field)
- Tax Identification Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

For a 'Yes' response to this question, you will receive the message "Attach the details listing the final outcome of the offense" along with an 'Attach' button.

Clicking the 'Attach' button will open up the attachment window to attach an electronic copy of the final disposition. Note: after browsing your computer and selecting the desired document, be sure and hit the 'Add File' button. If the document was successfully attached, the file name will display above the 'Done' button.

You will be required to submit at least one attachment for every row entered but can attach multiple documents if needed in support of a row.

6. Has any individual or contractor connected with your practice ever been convicted or assessed fines or penalties for any health related crimes or misconduct, or excluded from any Federal or State health care program due to fraud, obstruction of an investigation, a controlled substance violation or any other crime or misconduct? Yes/No

For a 'yes' response, with information displaying, verify the information is correct and go to the next question. For a 'yes' response with inaccurate or no existing information, please make any updates, additions or deletions needed.

For any individual or contractor connected with your practice that has ever been convicted or assessed fines as indicated above, please enter the following required fields:

- First name
- Last name
- Title
- Date of Birth
- Social Security Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

For any organization or contracting entity connected with your practice that has ever been convicted or assessed fines as indicated above, please enter the following required fields:

- Organization name (Last name field)
- Tax Identification Number
- Street Address
- City
- State
- Zip code
- Percent of ownership or controlling interest (**note: only whole numbers can be entered**)

For a 'Yes' response to this question, you will receive the message "Attach the details listing the final outcome of the offense" along with an 'Attach' button.

Clicking the 'Attach' button will open up the attachment window to attach an electronic copy of the final disposition. Note: after browsing your computer and selecting the desired document, be sure and hit the 'Add File' button. If the document was successfully attached, the file name will display above the 'Done' button.

You will be required to submit at least one attachment for every row entered but can attach multiple documents if needed in support of a row.

**7. Has the applicant ever had any adverse legal actions imposed by Medicare, Medicaid, or any Federal or State agency or program, or any licensing or certification agency?
Yes/No**

Please select the appropriate radio button, indicating whether the provider has ever had any adverse legal action. For a 'no' response, go to the attestation.

For a 'yes' response, if the answer was previously 'no' (or blank) and changed to 'yes', a message ("A copy of any relevant final disposition documentation must be submitted. Please click here to attach a copy of the document.") will display along with an 'Attach' button.

Clicking the 'Attach' button will open up the attachment window to attach an electronic copy of the final disposition. Note: after browsing your computer and selecting the desired document, be sure and hit the 'Add File' button. If the document was successfully attached, the file name will display above the 'Done' button.

You will be required to submit one attachment for this final disposition. Multiple attachments cannot be added for this question.

Disclosure Attestation

After disclosure information is reviewed and/or updated, you will need to attest to the accuracy of the existing/updated information in order to submit entries/modifications.

By clicking the box and entering your name below you attest that all information displayed above is correct, accurate and true.

Click the radio button to attest, enter your name and click 'Submit' to process the information.